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SENSITIVE
SIPDIS

DEPT FOR AIAG (AMBASSADOR LOTFIS AND DAVID WINN), NEA/ELA
DEPT PASS TO AID (DENNIS CARROLL)

E.O. 12958: N/A
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SUBJECT: INFLUENZA CONFERENCE REVIEWS VIRUS SITUATION IN EGYPT

Sensitive but Unclassified. Please handle accordingly.

1.(SBU)Summary: At the avian and human influenza strategic review workshop on June 22-23 in Cairo, the first ever lead by USAID, senior Ministry of Health (MOH) and Agriculture (MOA) officials, as well as representatives from UN agencies, the World Bank, and the Communication for Healthy Living Project, examined the H5N1 situation in Egypt and identified ways to improve prevention and control of the virus. Panel discussions also discussed the rapid emergence of the H1N1 virus and the potential implications which arise when in an H5N1 environment. End Summary.

Tracking the Virus

12. (SBU) USAID and Egyptian authorities recognized that nearly three and a half years into Egypt's H5N1 program (the first human case was reported in March 2006), the time had come for an assessment of the overall on-the-ground situation. USAID's Dennis Carroll, Director of Avian Influenza and Pandemic Preparedness in the Global Health Office, posed two key questions at the workshop's opening session: how best to support GOE efforts to combat the virus in the next 12 months and whether current program investments are consistent with data emerging about the virus. While the detection of H5N1 human cases in Egypt is faster and the fatality rate is lower in comparison to other developing countries, Carroll stated significant problems and gaps in information remain about the virus.

13. (SBU) Since 2006, Egypt has accounted for a significant portion of the world's reported H5N1 poultry outbreaks and human cases. To date, the MOH has announced 81 confirmed cases, with 27 of those cases fatalities. Worldwide, nearly 30% of all human H5N1 cases have emerged from Egypt - 11 governorates (8 from the country's Delta region) contain more than three quarters of the human cases. The virus primarily affects backyard farmers and children.

14. (SBU) More than 90% of H5N1 cases are the result of exposure to sick or dead poultry. Yet, while the number of reported poultry outbreaks has decreased since 2006, and the number of human cases followed the same trend through 2008, H5N1 human cases increased in 2009. It is unclear if this is a result of issues related to poultry outbreak reporting, increased environment viral load, or risky behaviors leading to bird-to-human transmission, or another factor. Carroll noted that several USAID program areas require consideration, including increasing capacity for detection and outbreak investigation; working with the commercial poultry sector to improve bio-security and control poultry movement; and refining the communications message to improve prevention behaviors for parents for all those who have contact with poultry.

GOE Capacity Building

15. (SBU) MOH and MOA officials confirmed the accuracy of this data and reviewed current GOE H5N1 efforts. According to a 2008 demographic survey, a comprehensive and persistent media outreach program using print materials, television ads, has led to near universal awareness among men and women ages 15-59 years old, with 80% of people learning about H5N1 through television advertising campaign. The MOH's Dr. Amr Kandeel detailed the Ministry's capacity building in recent years, including stockpiling 2.5 million Tamiflu doses, creating rapid response containment teams for health care workers, implementing surveillance measures at ports of entry, building new laboratories, and stronger coordination with other ministries.

16. (SB) MOA efforts are not as comprehensive as those from the MOH. Dr. Amira Kamal, a member of the Ministry's General Organization of Veterinary Services (GOVS), highlighted many problems confronting the Ministry's response to H5N1. The MOA possesses a weak notification and reporting system, deficient surveillance mechanisms, inadequate bio-security measures, and inefficient veterinary teams to respond to outbreaks. The National Laboratory's Dr. Mohamed Khalifa noted the virus is endemic and agreed there is no accurate reporting from affected areas.

Consensus Building-----

17. (SBU) On the workshop's second day, GOE officials split into MOA and MOH working groups to analyze ways in which their respective ministries can improve communication, training, community outreach, and pandemic preparedness. A MOH presentation noted the need to decrease the H5N1 incidence rate among children and improve the

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response rate among infected women, who often wait more than 5 days to seek treatment.

The MOA team distilled their approach into three main programs: bio-security (emphasizing segregating poultry and disinfecting anything that is visibly dirty); surveillance; and outbreak investigation.

18. (SBU) Comment: There is a significant disparity between MOH and MOA H5N1 activities and preparedness. The country has had only 27 fatalities since the disease appeared in 2006, just 17 since 2007. It takes less than two-and-a-half days from virus symptoms (i.e. fever, coughing, sore throat) to the actual onset of the disease, which translates into people seeking immediate treatment for H5N1; other countries average more than 5 days. MOH officials communicate constantly with the public about human H5N1 cases. In comparison, the MOA lacks a comprehensive and coherent plan to address the long-simmering internal squabbles among senior MOA officials, which were evident at the conference. Two steps that could strengthen the GOE's H5N1 program are 1) a refocused effort on bio-security and surveillance programs which could improve the response to poultry outbreaks and commercial and backyard farms and 2) organizing regular GOE H5N1 stakeholder meetings (especially among senior MOH and MOA officials) to ensure that there is a unified approach to combating the virus. We will continue to stress the importance of these steps as we engage with our GOE interlocutors.

Scobey